STATE OF CALIFORNIA

TRAVI STD. 262 - C		PENSE CLAIM				s and *Privacy Reverse Side					Page1of1Pages				
claimant's name David N. Muraki							SSAN OR EMPLOYEE NUMBER*					DEPARTMENT California Conservation Corps			
POSITION RESIDENCE	Directo	Dr.	Rep/Non Rep (R/NR) Exempt			DIVISION OR BUREAU California Conservation Corps HEADQUARTERS ADDRESS					Camon	iia Gongerve	INDEX NUMI 1100 YOUR Office	NDEX NUMBER 1100 OUR Office Phone No.	
CITY			STATE				1719 24th Street city Sacramento					STATE CA		341-3207 ZIP CODE 95816	
(1) MONTH/YEAR (3)			(4)	(5)	MEALS	(6) (7)			TRANSPO				(8)	(9)	
Apr/May 2010		LOCATION WHERE EXPENSES	LODGING			O.T.,L/T, N/C, RELO.		(A)	(B)		(D) PRIVATE CAR USE		BUSINESS	TOTAL	
(2) DATE	TIME	WERE INCURRED		BREAK- FAST	LUNCH	OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
4/1/10		Sacramento to Oakland and return							sv	4.00				4.00	
5/10	1000	Sacramento to San Francisco	165.86		10.00	18.00			SV	4.00				197.86	
5/11	1700	San Francisco to Sacramento)	6.00	10.00		6.00		sv	35.00				57.00	
5/12		Sacramento							sv	6.00				6.00	
(10) (10) SUBTOTALS			165.86	6.00	20.00	18.00	6.00			49.00				264.86	
COLUMN CODE AMOUNTS(ACCTG. USE ONLY) COLUMN CODES (ACCTG. USE ONLY)							215.86 292.01	308		49.00 308		296	506		
	CLAIM											de: 93000		264.86	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS 0800 to 1700				
4/1: Meeting in Oakland 5/10-11: Attending NPS Youth Development Workshop											(13) PRIVATE VEHICLE LICENSE NUMBER				
		at CSUS									(14) MILEAGE RATE CLAIMED .50				
											AGENCY ACCOUNTING OFFICE				
of Calif	ornia. If a	FY That the above is a true statement of the tra privately owned vehicle was used, and if milea the rate claimed, and that I have met the requi	ige rates exce	ed the minimu	ım rate, I cer	ify that the co	ost of operati	ing the vehic	le was e	qual	PAID BY	REVOLVING F	FUND CHECK	NUMBER	
vehicle CLAIMANT'S		l seat belt usage. RE		DATE (16) SIGNATURE OF OFFICER A					DVING TRAVEL AND PAYMENT				DATE		
(17) SIGNAT	URE AND 1	TITLE OF AUTHORITY FOR SPECIAL EXPENS	ES	S (See item 17 on reverse)									DATE		